

Participant Application

Participant Name: _____

Address: _____

City: _____ Zip: _____

Birth date: _____

School Attending: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Date of Session Wishing to Attend: _____

First choice: _____

Second choice: _____

Complete both sides of this application, ask your parents or guardians to sign it, cut it out and return it to :

City of Rochester, Bureau of Parks and Recreation,
Biz Kid\$
400 Dewey Ave.
Rochester, NY 14613

Participant Application

As a participant in the Biz Kids Program, I agree to:

- Attend every session, be on time and be prepared
- Conduct myself in a respectful and courteous manner
- Take part in program and team activities
- Be cooperative
- Pay attention and follow directions
- Practice what I learn
- Have a good time!!!

Participants must complete the following sentence:

If I were to start my own business, it would be:

Signed by Applicant:

Signed by Parent/Guardian:

Date: _____

Sponsored by the U.S. Justice Department's
"Weed and Seed Initiative" and the City of Rochester.